**ACTIVITY TITLE:** EPILEPSY IN GERIATRIC POPULATION

Program Contact HEATHER HOLSHOUSER, SEAN GAMBLE

Contact Email HEATHER.HOLSHOUSER@VA.GOV, SEAN.GAMBLE@VA.GOV

Contact Phone 314-894-6648





#### SUBMISSION INSTRUCTIONS

- 1. Complete this registration and evaluation form within two weeks of completing the activity.
- 2. Fax: (205) 731-1826 No cover page needed, or

Mail: Employee Education Resource Center, ATTN: EPC, 950 North 22nd Street, Suite 500, Birmingham, AL 35203.

- 3. Please allow several business days for receipt of certificate if evaluation is faxed, additional transit time if mailed.
- 4. For questions or concerns regarding the Program Evaluation or Certificate, the following contact methods are

available: EPC by email at **EESEPC@va.gov**, or the

EES Customer Service by phone at **1.877.EES.1331** option 5 (**1.877.337.1331**).

The following demographic questions (name, title, location, etc.) are asked for the purpose of ensuring you meet the evaluation requirements to obtain course credit and to ensure accurate information is printed on your certificate. Your responses to the evaluation are confidential. The results are reported in summary form and not associated with any individual's responses.

OCCUPATI	DNAL CATEGORY	EMPLOYER CATEGORY
Administrator	Pharmacist	□ VHA
Associated/Allied Health	Pharmacy Technician	☐ VBA
Audiologist	Physician	□ NCA
Licensed Counselor	Physician Assistant	<b>=</b>
National Certified Counselor	Podiatrist	☐ VA OTHER
Dentist	Psychologist/Clinical Psychologist	DOD
Dietician/Registered Dietician	Social Worker/Licensed Clinical Social Worker	☐ IHS
Health Care Executive	Social Worker Licensed in California	OTHER FEDERAL
Nurse/Advanced Practice Nurse	Speech Pathologist/Language Pathologist	■ NON FEDERAL
Nurse/Registered Nurse	Other Clinical	Date Viewed
Nurse Registered in California	Other Non-Clinical	
EMAIL ADDRESS (REQUIRED: Certificate will	be sent via E-mail):	//
ACCREDITATION/CERTIFICATE REQUESTE	):	
Activity must be approved for the certificate t	pe in order for such a certificate to be issued.	
General/Non-Accredited	□ ACHE □ ANCC □	T CA BBS
AAA ´	ACPE APA	CA BRN
ACCME	ACPE-Technician ASHA	NBCC
ACCME - Non Physician	L ADA L ASWB L	CDR
TMS User ID: LASTNAME.FIRSTNAMEmmdd (Note: r	m=birth month and dd=birth date	<del></del>
FIRST NAME:		
LAST NAME:		
VA FACILITY/COMPANY NAME:		
Lassert that Lattend	ed 100% of this program:	

### PRIVACY ACT STATEMENT

AUTHORITY: Title 50, Appendix, U.S.C., Title 10, U.S.C., Public Law 96-357 96th Congress, September 24, 1980 (Amendment to 10 U.S.C. 2107).

PRINCIPAL PURPOSE(S): To develop policies and procedures, compile statistics and render analytical reports, and to track participation in EES activities.

ROUTINE USES: The information provided on the application will be used to maintain data on EES activities, provide requested reports on participation, and to provide activity original and duplicate certificates to EES activity participants.

MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL PROVIDING INFORMATION: Disclosure of information requested in the EES registration form (the application) is voluntary; however, the information must be furnished in order to ensure the applicant will receive a certificate of completion for EES activities and appropriate education credit.





PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. Overall, I was satisfied with this learning activity.	1	2	3	4	5	NA
2. I would recommend this learning activity to others.	1	2	3	4	5	NA
3. The learning activities and/or materials were effective in helping me learn the content.	1	2	3	4	5	NA
4. I learned new knowledge and skills from this learning activity.	1	2	3	4	5	NA
5. The scope of the material was appropriate to my needs.	1	2	3	4	5	NA
6. I found the material in this learning activity to be relevant and up-to-date.	1	2	3	4	5	NA
7. The content was relevant to my job-related needs.	1	2	3	4	5	NA
8. Was the content presented in a manner that was fair and balanced?		Yes	No	NA		
If no, please explain:						
9. Overall, I fully accomplished the learning activity's objectives.	1	2	3	4	5	NA
10. I will be able to apply the knowledge and skills learned to my job.	1	2	3	4	5	NA
11. If you feel you will be successful in applying this learning, please provide a few specific examples of how you will apply it.						
12. This learning activity will help improve my job performance.	1	2	3	4	5	NA
13. My manager and I set expectations for this learning prior to attending this learning activity.	1	2	3	4	5	NA
14. I feel competent to apply the skills/knowledge I developed during the learning activity.	1	2	3	4	5	NA
15. This learning activity aligns with the business priorities and goals identified by my organization.	1	2	3	4	5	NA
16. I obtained information on the learning activity's logistics (i.e., date, location, time) in a timely manner.	1	2	3	4	5	NA
17. If you required any accommodations for a disability your request was addressed respectfully and in a timely manner.	1	2	3	4	5	NA





10 I hacama ayyara af this learning a stirity francitis								
18. I became aware of this learning activity from the following media channel(s):	☐ The Weekly Educator mail newsletter							
	☐ EES Web site - vaww.ees.lrn.va.gov ☐ VA TMS - www.tms.va.gov							
	□ VA TIV	1S - www.tm	is.va.gov					
	☐ VA Lea	arning Catalo	og – vaww.:	sites.lrn.va	.gov/vaca	talog		
	☐ VA Co	ntent Distrik	oution Netv	vork – vaw	w.vakncdr	n.lrn.va.gov		
	□ VA Kn	owledge Ne	twork telev	ision progr	amming			
	☐ Education Fair							
	□ E-Mail							
	☐ Flyer /	brochure /						
	☐ Poster	r						
	☐ Local [	Newsletter						
	☐ Social	media (Yam	mer, interr	nal blog or	discussion	board, etc.	)	
	☐ I don't	t know / not	applicable					
	Other:							
The following questions (19-23) are related to the	-	_			m you a	re evaluat	ing. If	
any of these questions is not relevant to your lea	rning act		se select i	N/A.		Ctl	NI - +	
PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable	
19. The appropriate technology was utilized to facilita learning.	te my	1	2	3	4	5	NA	
20. The training environment was conducive to my lea	arning.	1	2	3	4	5	NA	
21. I found that the technology in this learning activity easy to use.	y was	1	2	3	4	5	NA	
	-	1	2	3	4	5	NA NA	
easy to use.  22. Overall, I was satisfied with the use of technology	in this							
easy to use.  22. Overall, I was satisfied with the use of technology learning activity.  23. The technology in this learning activity was respon	in this	1	2	3	4	5	NA	
easy to use.  22. Overall, I was satisfied with the use of technology learning activity.  23. The technology in this learning activity was respon	in this	1	2	3	4	5	NA	
easy to use.  22. Overall, I was satisfied with the use of technology learning activity.  23. The technology in this learning activity was responsand provided access to further support.  24. What about this learning activity was most useful	in this	1	2	3	4	5	NA	
easy to use.  22. Overall, I was satisfied with the use of technology learning activity.  23. The technology in this learning activity was responsand provided access to further support.  24. What about this learning activity was most useful to you?  25. What about this learning activity was least useful	in this	1	2	3	4	5	NA	
easy to use.  22. Overall, I was satisfied with the use of technology learning activity.  23. The technology in this learning activity was responsand provided access to further support.  24. What about this learning activity was most useful to you?  25. What about this learning activity was least useful to you?  26. How can we improve the learning activity to	in this	1	2	3	4	5	NA	





## Please rate each of the following program objectives.

After attending this learning activity, I have the ability to:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Understand common causes of seizures in the geriatric population	0	0	0	0	0
Understand certain conditions that can mimic seizures in the geriatric population	0	0	0	0	0
1. Industriand common causes of seizures in the geriatric population;     2. Industriand certain conditions that can mimic seizures in the geriatric population;     Understand special concerns faced by the geriatric patient with epilepsy	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
We would need a new a new and a new	0	0	0	0	0

We would welcome any comments or recommendations.





### **FACULTY EVALUATION**

COURSE NUMBER: 12.ST.EP.AUDIOPAT2.A

# PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		
1	2	3	4	5		
1	2	3	4	5		
1	2	3	4	5		
		0,   Disables	Disagree 1 2 3	Disagree		

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

## Comments

Comments

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

### Comments

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

### Comments